



Regional Partnership Grants
and Cross-Site Evaluation

REGIONAL PARTNERSHIP GRANTS ROUND II

PROJECT THRIVE: A PARTNERSHIP TO ENHANCE CHILD WELL-BEING, SAFETY AND PERMANENCY

LEAD AGENCY: Children's Research Triangle

LOCATION: Chicago, IL

PROGRAM FUNDING: \$1,487,926/Year; \$999,799 Federal; \$488,127 Match

GEOGRAPHIC AREA AND CONGRESSIONAL DISTRICT SERVED: Tri-county Chicagoland Region of Cook, Will, and Kankakee Counties, IL-007

NUMBER SERVED: Children: 300 Screened, 250 Assessed, 200 in Treatment; Adults: 100 in Treatment over the grant period.

PROJECT ABSTRACT

Project Thrive is a collaborative effort of the Chicagoland Regional Partnership, consisting of a group of public and private agencies dedicated to the well-being of children. Project Thrive's overriding purpose is to improve well-being, enhance safety, increase permanency outcomes, and stabilize families for children in out-of-home care and afflicted by familial substance abuse. The project's specific aim is to develop and implement an integrated system of care that is grounded in trauma-informed transdisciplinary assessment, treatment, and management for children ages birth to 18 years of age afflicted by familial substance use and enrolled in foster care services through SOS Children's Villages, Illinois.

All eligible children at SOS in Chicago and Lockport, Illinois undergo an initial trauma/mental health screening using the Trauma Exposure Screening, Ages and Stages Questionnaire III or the Child Behavior Checklist. Screening results are used in a team meeting to prioritize medical/psychological assessment services. All children with a positive screen either receive a mental health assessment or participate in a multi-axial and coordinated medical/psychological assessment that result in a comprehensive treatment plan. If the children are in out-of-home care due to substance abuse problems in the family, they are enrolled in a diverse array of treatment services designed to address their specific needs (estimated N:200). Foster and biological parents of children in treatment also receive therapeutic interventions, including parenting education, mental health services, and substance abuse treatment. A matched comparison group of children is recruited and undergoes full assessment, but receive current standards of treatment. The hypothesis is that children who receive services through an integrated system of care

demonstrate even greater well-being, permanency and safety than children who receive services through the current standard of care.

TARGET POPULATION

General: Children birth to 18 years in out-of-home care at SOS Children's Villages and prenatally and/or environmentally affected by substances of abuse in a tri-county region and their families.

Adult Inclusion/Exclusion Criteria: Children afflicted by familial substance use and enrolled in foster care services through SOS Children's Villages, Illinois.

In-home/Out-of-home Focus: Out-of-Home

MAJOR PROGRAM SERVICES

- **Case Management and Case Conferencing**
 - Intensive Case Management
 - Family Group Conferencing
- **Parent/Family Strengthening**
 - Standard/Enhanced Parenting
 - Nurturing Parenting
- **Family Therapy/Counseling**
 - Dyadic Therapy
 - Multi-Systemic Family Therapy
 - Child-Parent Psychotherapy
- **Adult Mental Health/Trauma**
 - Medication Management
 - Trauma-Informed Services
 - Trauma-Focused CBT
 - Trauma Recovery and Empowerment Model
- **Substance Abuse Treatment**
 - Outpatient Intensive Outpatient
 - Step-down and Aftercare
- **Specialized Outreach, Engagement and Retention**
 - Motivational Interviewing
 - Motivational Enhancement Therapy
 - Relapse Prevention
 - Cognitive Behavioral Therapy
- **Child Screening/Assessment**
 - Trauma

- Developmental
- Behavioral/Social-Emotional
- Mental Health/Psychological
- Health/Medical/Dental
- Educational/Academic
- **Adult Screening/Assessment**
 - Substance Use
 - Trauma
 - Parenting
 - Family Functioning
- **Children's Services**
 - Early Intervention
 - Developmental Services
 - Structured Psychotherapy for Adolescents
 - Trauma-Focused CBT
 - Child-Parent Psychotherapy
 - Parents and Children Together
 - Pharmacologic Therapy
 - Substance Abuse Education/Groups
- **Cross-Systems Collaboration**
 - Clinical Activities
 - Program and Policy Activities
- **Evidence-Based Practices**
 - Nurturing Parenting
 - Dyadic Therapy
 - Multi-Systemic Family Therapy
 - Child-Parent Psychotherapy
 - Trauma-Focused CBT
 - Trauma Recovery and Empowerment Mode
 - Motivational Interviewing
 - Motivational Enhancement Therapy
 - Relapse Prevention
 - Cognitive Behavioral Therapy
 - Structured Psychotherapy for Adolescents
 - Parents and Children Together
 - Pharmacologic Therapy

MAJOR PROGRAM GOALS

Goal 1: Systems Integration: Public and private agencies deliver transdisciplinary services within an integrated system of care for children at SOS who have been prenatally or environmentally exposed to substance abuse and their families.

Goal 2: Children's Well-Being: Children in out-of-home placement demonstrate a significant improvement in well-being through participation in a transdisciplinary program of trauma-informed screening, assessment, treatment and management that address each child's needs related to prenatal or environmental exposure to alcohol, tobacco and illicit drugs.

Obj 2.1: Screening: Children are screened for risk due to prenatal or environmental exposure to alcohol, tobacco and illicit drugs and experience of trauma.

Obj 2.2: Assessment: The well-being and physical/behavioral health status of children with a positive screen are assessed through the administration of specialized, comprehensive trauma-informed trans-disciplinary assessment services.

Obj 2.3: Treatment: The well-being and physical/behavioral health status of children are improved through the delivery of specialized, comprehensive trauma-informed transdisciplinary treatment services.

Obj 2.4: Permanency and Stability for children who are in out-of-home care due to substance abuse in the family is greater than that of matched comparison children.

Goal 3: Stable Families: The mental health status of biological parents with children in out-of-home care at SOS is improved through access to appropriate substance abuse and mental health treatment services.

KEY PARTNER AGENCIES

The Regional Partnership Grants encourages service providers to develop and/or strengthen cross-system linkages between substance abuse treatment, child welfare, dependency court and other service systems. The following partners are included:

- **Child Welfare**
 - State Child Welfare
 - Service Provider – SOS Children's Villages
- **Substance Abuse Treatment**
 - State Substance Abuse
 - Pilsen Wellness Center
 - Comprehensive Clinical Services, P.C.
- **Courts**
 - Dependency Court
 - Juvenile Justice (Delinquency) Court
- **Other State Agency**

- The Governor's Office on Early Childhood Development
- **Education**
 - Illinois Childhood Trauma Coalition

DISSEMINATION ACTIVITIES

Once this project is completed, the knowledge gained through the project is made available to the communities and states with which CRT has current relationships. The information from this project is incorporated into the CRT website (www.childrensresearchtriangle.org), which receives about 100,000 "hits" per year, and into publications for referred journals. CRT staff members have published extensively in the professional literature, and use information from this project as a core element for future publications. In addition, CRT has experience in publishing curricula that provides clear guidance in developing and implementing treatment services for high-risk children, an example of which is the PACT curriculum. Because Project Thrive is driven, evaluated and revised based on clear data, the program is replicable by other organizations wishing to address the complex clinical issues that are found in children in out-of-home care.

SUSTAINABILITY STRATEGIES AND ACTIVITIES

All of CRT's current clinical programs are funded through research and demonstration grants. There are two keys to CRT's success with sustainability: data-based information and multiple funding streams. Strong evaluation capabilities make it possible to develop data that demonstrate the positive changes in children and families' lives. This data provides an opportunity to approach a diverse group of funders with a variety of interests. Matching results to the specific interest of funders has resulted in successfully sustaining partnerships supported by multiple funding streams. The data also drives continuing interest in partnering state agencies, helping to bring a variety of resources to the table. A clear example of this strategy is CRT's contract with DCFS, now in its fourteenth year. This project's sustainability is driven by the data that documents the successful outcomes of children and families enrolled in the program and by the cost savings accrued through rapid and successful permanency placement.

EVALUATION

One of the aims of the RPG program is to expand the knowledge base on approaches that improve the well-being and functioning of families affected by substance abuse and with children at risk of maltreatment. The grant thus requires that each grantee conduct a local evaluation of its program. Children's Research Triangle (CRT) evaluates Project Thrive using a matched comparison group design with a sample of 450 children, with 200 in the program and 250 in the comparison groups. Program group children participate in SOS Children's Villages, an alternative to traditional foster care in which children stay with their biological brothers and sisters in a private home in SOS Children's Village and live with a full-time, professionally trained foster parent. Program group children are also assigned to a family support specialist who links them and their families to a customized package of coordinated, integrated services, as well as an SOS case manager. Services for program group children may include trauma treatment, family strengthening programs, or child-caregiver therapy, all delivered by an integrated team of

clinicians. Comparison group children receive traditional out-of-home placements and may be offered many of the same interventions as the program group, but they are not assigned a family support specialist or integrated clinical team.

CRT is evaluating the system of substance abuse and mental health treatment services offered to biological parents of children in the program group using a matched comparison group design with a sample of 200 adults, split evenly between program and comparison groups. Members of the comparison group for biological parents receive substance abuse treatment from a third-party provider, but do not have access to comprehensive family services.

Outcome Study Design: The evaluation separately examines program effects for children and biological parents. All children enrolled in out-of-home care through SOS Children's Villages are screened for prenatal or environmental exposure to alcohol, tobacco, or illicit drugs. Children with a positive screen are eligible for services through Project Thrive and are therefore in the program group. The comparison group for the children are recruited from children receiving services through CRT's outpatient clinic. The evaluation team matches comparison group children to members of the program group using propensity score matching (a statistical technique used to identify comparison group members based on how similar their characteristics are to those of members of a program group) or outlier trimming (a technique in which the treatment and comparison groups are compared on individual variables and specific subjects are removed if they are identified as outliers in the distribution of values). The matching variables will include age, race and ethnicity, number of placements since coming into care, time in current placement and scores on two standardized assessments of child behavior.

Among biological parents, the program group includes parents whose children are receiving out-of-home care through SOS Children's Villages and who enroll in substance abuse treatment, family support services, family therapy, or mental health therapy through Project Thrive. Clients from a third-party substance abuse treatment provider serve as the comparison group for biological parents.

CRT is collecting outcomes related to child well-being (including executive functioning and self-regulation), permanency and safety; family functioning (including parenting skills and protective factors) and adult recovery. The grantee collects child well-being, family functioning and adult recovery data at baseline, program exit and three months following program exit. To assess permanency and safety outcomes, CRT obtains administrative child welfare records through a data use agreement with DCFS.

Additional Evaluation Components: In addition, CRT conducts a process evaluation of the implementation of the grant, assessing adherence to the timeline and tracking of enrollment goals and collecting feedback related to external partnerships and service provision.

RPG National Cross-Site Evaluation Participation: In addition to its local evaluation, CRT is participating in the national cross-site evaluation's outcomes, implementation, and RPG partnerships studies.

ADMINISTRATIVE STRUCTURE

The lead agency is Children's Research Triangle. The current Executive Director is Linda Schwartz, Ph.D., Dr. Chasnoff, the former Executive Director, serves as the Project Director and convenes the Partnership Workgroup, which is comprised of leaders from all partner agencies.

The Partnership Workgroup oversees the project, providing policy direction, reviewing evaluation and guiding program revisions. Erin Telford, Psy.D., is the Project Coordinator and reports directly to Dr. Chasnoff. Dr. Telford supports Dr. Chasnoff with implementation, providing day-to-day project management including supervision of all clinical staff.

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